
SUBJECT:	Financial Assistance Policy
SPONSOR:	CFO
CATEGORY:	Rights and Responsibilities of the Individual
DEPARTMENT IMPACTED:	Organization Wide
COMMITTEE:	Policy Committee

PURPOSE: To provide financial assistance to persons who have healthcare needs and are unable to pay for necessary services. CRMC strives to ensure that financial issues do not prevent patients from seeking or receiving medically necessary care. This policy supports CRMC's mission to provide high quality affordable healthcare services to all patients, regardless of their ability to pay, and to assist uninsured or underinsured patients who cannot pay for part or all of the care they receive.

RESPONSIBILITY: CFO, Director of Revenue Cycle, and designated personnel are responsible for the creation, revision and enforcement of this policy.

DEFINITIONS:

- **Financial Assistance:** The means of provision of free or discounted care to a patient.
- **Charity Care:** Emergent and medically necessary services rendered with the expectation of a discount to patients meeting the criteria established by this policy. CRMC refers to charity care as financial assistance.
- **Medically Necessary:** CRMC services or care rendered, both outpatient and inpatient, to diagnose, alleviate, correct, cure, or prevent conditions that threaten life, cause pain or suffering, cause physical deformity or malfunction, or that threaten to cause or aggravate a handicap, or result in illness or infirmity.
- **Presumptive Eligibility:** A determination of financial assistance eligibility based on information other than that provided directly by the patient, including use of external data sources.

- **AGB – Amounts Generally Billed:** The maximum amount CRMC will charge a financial assistance-eligible patient for emergency or medically necessary care. AGB is based on the average amounts CRMC bills and receives as payment from Medicare fee-for-service and private insurers over a 12-month period. CRMC uses the **look-back method**, in compliance with **IRS 501(r)(5)**, to determine and apply the AGB.

POLICY STATEMENT: CRMC is committed to ensuring that no patient is denied medically necessary care due to an inability to pay. Financial assistance is available to eligible individuals based on income, assets, family size, and other criteria as outlined in this policy. CRMC offers free care and discounted care options and ensures that financial assistance-eligible patients are not charged more than the AGB for such services.

PROCEDURE:

1. SCREENING:

CRMC will screen all patients for potential eligibility for financial assistance and determine whether a patient who is uninsured, underinsured, or whose insurance coverage status is not known by CRMC is eligible for financial assistance. CRMC will attempt to complete the screening process either in person or by telephone within 30 days after the patient receives services.

When CRMC evaluates a patient's eligibility for charity care, CRMC will request the responsible party to provide verification of assets or income information that is reasonably necessary and readily available to determine eligibility and facts relevant to determine eligibility. CRMC will not request duplicative information as part of its verification of assets or income.

Upon completion of the screening process CRMC will determine whether the patient is ineligible or potentially eligible for financial assistance. For those eligible, CRMC will assist patients in applying for financial assistance and refer them to the appropriate department within CRMC for follow-up. Final determinations of financial assistance will require patients to submit a completed financial assistance application and may require appointments or discussion with hospital financial advisors.

2. APPLYING FOR FINANCIAL ASSISTANCE:

To be considered eligible, patients must cooperate with CRMC to explore alternative means of assistance including but not limited to, completing the application process for qualified Health Insurance. This process may include Medicare, Medical Assistance, MNsure, Federal Insurance Exchange products or other legislative qualified Health Care Insurance Plans before eligibility under this policy are determined. Notwithstanding the foregoing, CRMC will not require a patient to apply for enrollment in a state or federal program for which the patient is obviously or categorically ineligible or has been found to be ineligible in the previous 12 months.

For assistance that is rendered into the following calendar year, applicants are required to update application information. Financial assistance will be accessible when all known

third-party payers have been billed properly. If a patient fails to supply sufficient information to support financial assistance eligibility, CRMC may refer to or rely on external resources and/or other program enrollment resources to determine eligibility through presumptive eligibility. Applications denied for financial assistance will follow the guidelines contained within CRMC's Self Pay Collections Policy.

CRMC's financial assistance application will not place an unreasonable burden on the patient, and will take into account his or her physical, mental, intellectual, or sensory deficiencies, or language barriers, which may hinder that patient's ability to comply with the application procedures. CRMC will assist and cooperative with such patients to complete the application in a timely and respectful manner.

NOTICES:

- 1) CRMC's financial assistance information is posted at all CRMC's locations, available at the Business Support Services building of CRMC, and also on CRMC's website.
- 2) Translations of the financial assistance policy, applications and a plain language summary are available in English and 15 additional languages: Spanish, Hmong, Cushite (Oromo), Vietnamese, Chinese, Russian, Laotian, Amharic, Kren, German, Non-Khmer/Cambodian, Arabic, French, Koreon, and Tagalog, along with Braille when requested. CRMC commits to provide timely and accurate language assistance services upon request and within a reasonable timeline to prevent restrictions regarding access to this information.
- 3) CRMC will not charge financial assistance-eligible patients more for emergency or medically necessary care than the amounts generally billed to insured patients.
- 4) CRMC will not charge a patient whose annual household income is less than \$125,000 for any uninsured service or treatment in an amount that exceeds the lowest total amount the provider would be reimbursed for that service or treatment from a nongovernmental third-party payor. This "lowest total amount" includes both the amount the provider would be reimbursed directly from the payor and the amount the provider would be reimbursed from the insured's policyholder under any applicable co-payments, deductibles and coinsurance.
- 5) Itemized bills and detailed collection events are available in accordance with applicable law.

APPLICABLE LEGISLATION AND REGULATIONS:

[MN § 144.587](#)

IRS § 501(r)(5)

RI.1.1.1 – Patient's rights to financial information

RC.02.01.01 – Documentation requirements for financial screening

RELATED REFERENCES, APPENDICES AND FORMS:

Appendix A: Financial Assistance Application

Appendix B: Financial Assistance Guidelines (includes Federal Poverty Guidelines Sliding Scale)

Appendix C: Plain Language Summary of Financial Assistance Policy (posted and available online)

Appendix D: Financial Assistance Brochure